



| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. MIN-P01-042 | |
|--|---|---|-----------------------------------|---------------------------|--------|
| Application No. 10/716,825 | Filing Date November 18, 2003 | Examiner A. D. Steele | Art Unit 1639 | | |
| Applicant(s): Stephanopoulos et al. | | | | | |
| Invention: SYSTEMS AND METHODS FOR PROVIDING DIAGNOSTIC SERVICES | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 32 | - 35 = | 0 | x | |
| Independent Claims | 4 | - 4 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within third month | | | | | 525.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 525.00 |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Large Entity</div><div><input checked="" type="checkbox"/> Small Entity</div></div> <div><input type="checkbox"/> No additional fee is required for this amendment.</div> <div><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-1945</u> in the amount of \$ <u>525.00</u>. A duplicate copy of this sheet is enclosed.</div> <div><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.</div> <div><input checked="" type="checkbox"/> Credit any overpayment.</div> <div><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</div> | | | | | |

Z. Angela Guo, Ph.D.
Attorney/Agent Reg. No.: 54,144

ROPES & GRAY LLP
One International Place
Boston, Massachusetts 02110
(617) 951-7546

Dated: May 28, 2008



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | |
|---|--|--------------------------|------------------------|---------------------|-------------|
| FEE TRANSMITTAL For FY 2008 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known | | | |
| | | Application Number | 10/716,825 | | |
| | | Filing Date | November 18, 2003 | | |
| | | First Named Inventor | Gregory Stephanopoulos | | |
| | | Examiner Name | A. D. Steele | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 780.00 | Attorney Docket No. | MIN-P01-042 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 = _____ (round up to a whole number) x _____ | _____ | _____ |

4. OTHER FEE(S)

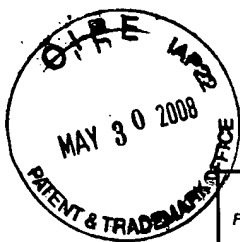
| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month | 525.00 |
| 2401 Notice of Appeal | 255.00 |

SUBMITTED BY

| | | | | | |
|-------------------|----------------------|-----------------------------------|--------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 54,144 | Telephone | (617) 951-7546 |
| Name (Print/Type) | Z. Angela Guo, Ph.D. | Date | May 28, 2008 | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 5-28-08 Signature: Elaine Leahy (Elaine Leahy)



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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | Filing Date | November 18, 2003 |
| | | First Named Inventor | Gregory Stephanopoulos |
| | | Examiner Name | A. D. Steele |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1639 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 780.00 |
| | | Attorney Docket No. | MIN-P01-042 |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 18-1945 |
| Deposit Account Name: Ropes & Gray LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

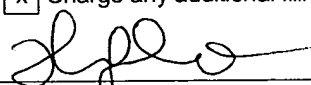
| | | | | | | | |
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| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
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| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
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| Multiple dependent claims | | | | | | | 370 |
| | | | | | | | 185 |
| | | | | | | | |
| Total Claims | | | | | | | |
| Extra Claims | | | | | | | |
| Fee (\$) | | | | | | | |
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| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 54,144 |
| Name (Print/Type) | Z. Angela Guo, Ph.D. | Telephone | (617) 951-7546 |
| | | Date | May 28, 2008 |

| | |
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| Dated: 5-28-08 | Signature: Elaine Leahy (Elaine Leahy) |



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|  Z. Angela Gyo, Ph.D. Attorney/Agent Reg. No.: 54,144 | | | | Dated: <u>May 28, 2008</u> | |
| ROPES & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7546 | | | | | |
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